

215037340
60226

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 207	Agency Case No. B5-085210	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y 09/14/2015		S M T W TH F S <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (In Military Time)		STATE USE ONLY
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	TIME OF ACCIDENT 1050	POLICE NOTIFIED 1052	09/14/2015
B 76	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. A ST/ 70TH TO REGENCY			PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LONGITUDE
D 3	IF AT INTERSECTION			IF NOT AT INTERSECTION		
	NAME OF INTERSECTING ROADWAY			<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING
				14.00	X	S CURB OF A ST
V1/M 10	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	G02173094			STATE (Of License)	NE
V1/N 5	DRIVER	ORLEN N JOHNSON			PHONE	4024835317
V2/N 1	DRIVER ADDRESS	CITY, STATE, ZIP 7200 VAN DORN ST APT 121, LINCOLN, NE 68506			DATE OF BIRTH (MM / DD / YYYY)	06/11/1929
G 4	OWNER	ORLEN N JOHNSON / JOLENE JOHNSON			PHONE	4024835317
H 5	OWNER ADDRESS	CITY, STATE, ZIP 7200 VAN DORN ST #121, LINCOLN, NE 68506			CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB488451
V1/O 2	LICENSE PLATE NO.	18436			YEAR (Plate Expires)	2016
V2/O 2	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
	2013	Buick	VCN	4 door Sedan	silver / chrome	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 2500
V1/O 2	VEHICLE ID NO. (VIN)	1G4PR5SK9D4155950			INSURANCE COMPANY	USAA
V2/O 2	TOWED TO	TOWED BY			POLICY NO.	00119 23 30 U 7102 7
VEHICLE NO. 2						
I 1	DRIVER LICENSE NO.	G02192956			STATE (Of License)	NE
V1/P 1	DRIVER	DEBORAH L SAFARIK			PHONE	4024167600
V2/P 1	DRIVER ADDRESS	CITY, STATE, ZIP 6425 TAYLOR PARK DR, LINCOLN, NE 68510			DATE OF BIRTH (MM / DD / YYYY)	09/18/1953
J 01	OWNER	JAMES D SAFARIK(9-21-51)			PHONE	4024167600
	OWNER ADDRESS	CITY, STATE, ZIP 6425 TAYLOR PARK DR, LINCOLN, NE 68510			CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.
V1/Q 4	LICENSE PLATE NO.	SSK553			YEAR (Plate Expires)	2015
V2/Q 4	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
	1998	Chrysler	LXI	Mini van	white	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1500
V1/Q 4	VEHICLE ID NO. (VIN)	1C4GP64L9WB646801			INSURANCE COMPANY	STATE FARM
K 10	TOWED TO	TOWED BY			POLICY NO.	066 6831-C18-27
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

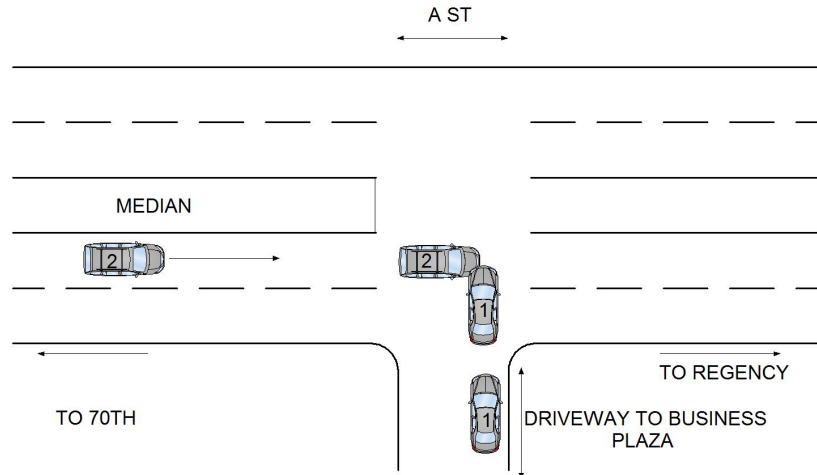
AGENCY CASE NO.
B5-085210



Indicate
North
by Arrow



APOI
14' N OF S OF A
ST
365' E OF E OF
70TH



Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver of veh. 1 states he was operating a motor veh. NB on the driveway of the business plaza and was stopped at A st at the stop sign. Dr. 1 states he thought cross traffic was clear so he could turn left so he pulled out onto A st. and his veh. struck veh. 2 which was EB on A st in the inside lane. Driver of veh. 2 states she was operating a motor veh. EB on A st. in the inside lane from 70th. Dr. 2 states at the driveway to the business plaza veh. 1 drove NB and struck her veh. Both drivers stated Dr. 1 may have had his view obscured by a large truck that was turning into the business plaza.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		VEH 1	1	VEH 2	2		
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME														
1	X				DRIVEWAY OF														
2			X		A ST														
1	06				VEHICLE 1		VEHICLE 2												
2	01				POINT OF IMPACT		POINT OF IMPACT												
					MOST DAMAGED AREA		MOST DAMAGED AREA												
01 Essentially straight ahead				02 Backing				03 Changing lanes				04 Overtaking/ Passing				05 Turning right			
06 Turning left				07 Making U-turn				08 Entering traffic lane				09 Leaving traffic lane				10 Parked			
11 Slowing or stopped in traffic				12 Other				13 Unknown											

OFFICER NO. 1442	TROOP/ TEAM/ BEAT SE	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Reed Pavelka		INVESTIGATOR SIGNATURE Approved by Officer Reed Pavelka	
DATE OF REPORT 09/14/2015			